

BASELINE FORM

Randomization Number
/

Local Center Name _____

PRINT Patient Name _____

Last First M.I.

Date of Randomization Mo ____ Day ____ Yr ____

Items 1 through 9 must be transmitted over the telephone at the time of randomization.

1. SOCIAL SECURITY NUMBER
2. DATE OF BIRTH Mo **Q2_MO** Day **Q2_DA** Yr **Q2_YR**
3. EJECTION FRACTION (percent) **Q3**
- A. METHOD (1=Radionuclide, 2=Angiography, 3=2-D Echo) **Q3A**
4. SEX (1=Male, 2=Female) **Q4**
5. RACE (1=White, 2=Black, 3=Other) **Q5**
6. CHEST X-RAY (CT-ratio) **Q6**
7. WEIGHT **Q7_KG** Kg OR **Q7_LBS** lbs.
8. HEIGHT **Q8_CMS** cms OR **Q8_IN** inches
9. SERUM CREATININE LEVEL **Q9_MG** mg/dl OR **Q9_MOL** μ mol/l
- 9A. SERUM POTASSIUM LEVEL mEq/l OR mmol/l
10. PLEASE RECORD RECOMMENDED DIGOXIN DOSE **Q10**
11. PLEASE RECORD RANDOMIZATION NUMBER **Q11_RAND**

Complete the following information - not to be transmitted by telephone.

12. APPROXIMATE DURATION OF CHF (months) **Q12**
- SIGNS OR SYMPTOMS:** 0=None or Unknown, 1=Present, 2=Past, 3=Present and Past
(Present is defined as \leq 1 month. Past is $>$ 1 month prior to randomization.)
13. RALES **Q13**
14. ELEVATED JUGULAR VENOUS PRESSURE **Q14**
15. PERIPHERAL EDEMA **Q15**
16. DYSPNEA AT REST OR ORTHOPNEA **Q16**
17. DYSPNEA ON EXERTION **Q17**
18. LIMITATION OF ACTIVITY **Q18**
19. S₃ **Q19**
20. RADIOLOGIC EVIDENCE OF PULMONARY CONGESTION **Q20**
21. HEART RATE (beats/minute) **Q21**
22. BLOOD PRESSURE (mm Hg) **Q22_SYS / Q22_DIA**
23. CURRENT NYHA FUNCTIONAL CLASS (use codes below) **Q23**
 - 1 = Class I (Patients with cardiac disease but without resulting limitation of physical activity. Ordinary physical activity does not cause undue fatigue or dyspnea).
 - 2 = Class II (Patients with cardiac disease resulting in slight limitation of physical activity. They are comfortable at rest. Ordinary physical activity causes fatigue or dyspnea).
 - 3 = Class III (Patients with cardiac disease resulting in marked limitation of physical activity. They are comfortable at rest. Less than ordinary activity causes fatigue or dyspnea).
 - 4 = Class IV (Patients with cardiac disease resulting in inability to carry on any physical activity without discomfort. Symptoms of cardiac insufficiency are present even at rest. If any physical activity is undertaken, symptoms are increased.)

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RANDOMIZATION NO. ____ / ____

24. ETIOLOGY OF CHF PRIMARY Q24_PRI
 1=Ischemic 4=Idiopathic
 2=Hypertensive 5=Alcohol related
Q24_SEC
 3=Valvular 6=Other
 Specify _____ Q24_SPEC _____

CODE: YES = 1
 NO OR UNKNOWN = 0

25. PREVIOUS MYOCARDIAL INFARCTION Q25

26. CURRENT ANGINA Q26

27. HISTORY OF DIABETES Q27

28. HISTORY OF HYPERTENSION Q28

CURRENT DRUG USE:

29. USE OF DIGOXIN WITHIN ONE WEEK PRIOR TO RANDOMIZATION Q29

30. POTASSIUM-SPARING DIURETICS Q30

31. OTHER DIURETICS Q31

31A. POTASSIUM SUPPLEMENT Q31A

32. ACE INHIBITOR Q32

33. NITRATES (ORAL OR PASTE) Q33

34. HYDRALAZINE Q34

35. OTHER VASODILATORS, SPECIFY Q35_SPEC Q35

36. DOSE OF DIGOXIN/PLACEBO (D-995) PRESCRIBED (mg/day) Q36
 (For all doses, give the patient one bottle of study drug.)37. PATIENT ADDRESS: _____

TELEPHONE: AREA CODE: _____ NUMBER: _____

38. NAME, ADDRESS AND TELEPHONE NO. OF FAMILY OR PRIVATE PHYSICIAN:

NAME: _____

ADDRESS: _____

TELEPHONE: AREA CODE: _____ NUMBER: _____

39. NAME, ADDRESS AND TELEPHONE NO. OF CLOSE FRIEND OR RELATIVE NOT LIVING WITH PATIENT:

NAME: _____

ADDRESS: _____

TELEPHONE: AREA CODE: _____ NUMBER: _____

40. DATE OF NEXT VISIT Mo ____ Day ____ Yr ____

41. LAST NAME AND FIRST INITIAL OF INDIVIDUAL
 RANDOMIZING PATIENT (IN CAPITALS) Last _____ First Initial _____

Signature _____

PLEASE RETURN FORM TO DATA COORDINATING CENTER AT PERRY POINT.